onset of the obstruction, after medical treatment attempts, distance lithotripsy, and ureter stenting were unsuccessful. Laparoscopic surgery - ureterolithotomy was performed. Consecutive: Laparoscopy, opening of the retroperitoneal space, mobilization of the ureter, longitudinal incision of the wall, extraction of the stone from the lumen, primary sutures on the ureter incision.
Results: Postoperative period - with positive evolution, without complications. Discharged - on 3rd and 4th days. Ultrasonography and CT - control over 6 to 12 months - no signs of pathology.
Conclusions: 1.Laparoscopic ureteroliothotomy is a minimally invasive, safe, technically possible procedure with minimal risk of complications. 2.Laparoscopic surgery in the ureter with lithiasis obstruction justified as a backup intervention, when other methods are unsuccessful.
Key words: complicated urolithiasis, laparoscopic ureterolithotomy.

CURA LAPAROSCOPICĂ TRANSPERITONEALĂ RETROMUSCULARĂ (SUBLAY) A HERNIILOR VENTRALE: PRIMELE EXPERIENȚE

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Introducere: Poziționarea laparoscopică, retromusculară (sublay) a plasei chirurgicale.
Material și metode: În clinica chirurgie Nr 5, (SCMC), în anii 2018-2019 au fost supuși curei laparoscopice pentru hernii ventrale 8 pacienți, 4 femei și 4 barbați. Vîrsta medie 25-70 ani. Pentru protezare s-a folosit plasa din polipropilen light, mai mare cu 5 cm decât defectul herniar pe toate dimensiunile. Proteza a fost amplasată retromuscular, prin abord laparoscopic transperitoneal. Fixarea plasei sa asigurat prin aplicarea agrafelor helicoidale nerezorbabile de ø 4 mm, plasate la 1cm de marginea protezei. Algometria sa efectuat cu utilizarea scalei analog vizuale (VAS).
Rezultate: Defectul herniar a avut un diametru median de 3,7 cm. La toți pacienți defectul herniar a fost suturat prin aplicarea suturii intracorporale. Din particularități intraoperatorii se menționează: reducerea conținutului sacului herniar, adezioliză, controlul hemoragiei din adeziuni și decolarea peritoneului și tunicii retromusculare prin incizie longitudinală. Durata medie a intervențiilor a fost de 45 min (35-65 min). În perioada postoperatorie complicații nu au fost semnalate. Sindromul dolor postoperator a fost minim (VAS 1 – 3), complicații parietale absente. Durata mediana de spitalizăre 3,1 zile. În perioada postoperatorie la distanța nu s-au constatat dureri și neuropatii, dereglări de tranzit intestinal, recidive herniare.
Concluzii: Cura laparoscopică intraperitoneală retromusculară (sublay) a herniilor ventrale cu aplicarea protezei din polipropilen este o metodă sigură și miniminvazivă, cu costuri reduse la consumabile. Amplasarea retromusculară a plasei exclude aderențele parieto-viscerale și complicațiile parietale, asigurând reintegrarea socio-profesională rapidă. Avantajele expuse argumentează perspectivele utilizării tehnicii laparoscopice retromusculare în cura herniilor ventrale.
Cuvinte cheie: transperitoneală, retromusculară, cura laparoscopică

LAPAROSCOPIC TRANSPERITONEAL RETROMASCULAR (SUBLAY) MESH REPAIR IN CURE OF VENTRAL HERNIAS: FIRST EXPERIENCES

Introduction: Transperitoneal retromuscular sublay positioning of a surgical mesh.
Materials and methods: Within period of 2018-2019, 8 retromuscular hernia repairs have been performed on the group of 8 patients diagnosed with ventral hernias, 4 male and 4 female. The overall age was 47,2 years (range 25 - 70). Polypropylene mesh has been utilized for repair. The mesh overlaped the defect with 5 cm. The fixation technique was ensured by applying ø 4 mm non-resorbable spiral tacks plaid up to 1cm from the edge of the prosthetic mesh. Algometry was performed using visual analog scale (VAS).
Results: The mean diameter of the hernia defect was 3.7 cm. In all cases the hernia defect has been closed by applying intracorporeal suture. The intraoperative features were: reduction the hernia sac content, removal of adhesions, control of the bleeding with peritoneum and posterior rectus are opened by a longitudinal incision. The mean time of operations was 45 min. In postoperative period there no reported complications. In the distance postoperative period were not found pain and local neuropathy, bowel disorders, hernia recurrences.
Conclusions: Laparoscopic transperitoneal retromuscular hernia repair is a safe and minimally-invasive procedure with low cost of consumables. Retromuscular location of the prosthesis exclude the risk of the parietovisceral adhesions and complications ensuring quick socio-professional reintegration. The exposed advantages argument the use of transperitoneal retromuscular procedure in the ventral hernia repair.
Key-words: transperitoneal, retromuscular, laporoscopic repair

ENDOSCOPIC DIAGNOSIS AND TREATMENT OF ESOPHAGEAL DISEASES

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Introduction: Non-neoplastic disorders of the esophagus amount 89-92% of all diseases of the esophagus, these include various esophagitis, diverticula of different localization, stricture of the esophagus and esophageal motility disorders (Mozheiko M.A. et al. 2018). Esophageal neoplasms are divided into benign (5%) and malignant (95%).
Aim: Demonstrate the possibilities of endoscopy in the diagnosis and treatment of esophageal disorders.

Materials and methods: Modern endoscopic diagnostics includes examination not only in white light, but also light and electronic filters that are used to improve the image and examine the vascular pattern (NBI, ISCAN). If necessary, the study can be supplemented with chromoscopy (Lugol's solution, 1% - acetic acid), which will allow to detailed assessment of the mucosal surface and identify pathological lesions. During the esophagoscopy, it is possible to take material for cytological or histological examination, which is necessary for making a diagnosis. Treatment options for Barrett's esophagus include: argon plasma ablation, resection of foci or radiofrequency ablation. Endoscopic antireflux mucosectomy of the cardiac mucosa is possible at cardiac insufficiency. Benign mucosal neoplasms are possible to remove using loop resection, cap resection of the formation or dissection in the submucosal layer. The first stage with malignant neoplasms is performed EUS to assess the degree of invasion, as well as the presence of regional lymphadenopathy. T1aN0M0 cancer is dissected in the submucosal layer, intraluminal photodynamic therapy is also possible. Neoplasms in the submucosal layer are used submucosal tunneling resection techniques. Achalasia cardia are treated with using dilatation or oral myotomy. Zenker's diverticulum are treated with using diverticuloesophagostomy, and also there is tunneling resection techniques that can be possible.
Results: In Oncology Dispensary of Leningrad Regional since 2016 RFA was performed for 27 patients with Barrett's esophagus with dysplasia of various degrees. Endoscopic antireflux mucosectomy of the cardiac mucosa was performed in 4 patients.
Conclusions: Endoscopic resection of the esophageal mucosa lesions are performed in 45-50 patients annually. Endoscopic submucosal dissection of esophageal cancer are performed 10-15 patients annually. Submucosal tunneling resection techniques performed 4-5 patients per year.

CAPSULE ENDOSCOPY FOR SCREENING COLON TUMORS

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Introduction: Most of the colon tumors are detected in the later stages. The introduction of new, minimally invasive technologies into clinical practice allows to improve the results of the diagnosis of neoplasms.
Material and methods: Capsule endoscopy is a procedure for colon examination using a miniature camera, which takes more than 10,000 images of colon at a speed of 4 to 24 frames per second. For the patient, the procedure itself does not cause discomfort. On the day of the study, the patient may do his usual activities. The indications for capsular examination of the colon may be suspected tumor of the colon, a positive test of fecal occult blood test, and the patient is over 50 years old. We made a decision to launch a pilot project for screening the colon among health care workers in Oncology Dispensary of Leningrad Region.
Results: In the years 2017-2018, we performed 67 capsule colon examinations for medical workers who had not previously performed a colonoscopy. A total colon investigation was performed in 58 patients (87%). Among these patients 2 malignant tumors of the colon (3.5%) were detected. Colon epithelial neoplasia was detected in 11 patients (19%). These findings contributed to perform colonoscopy with endoscopic polypectomy.
Conclusion: Capsule endoscopy of the colon can be used for examination, in cases where colonoscopy is not possible. Capsule endoscopy helps to convince the patient of the need to perform colonoscopy. Capsule endoscopy is a safe method for screening colorectal cancer.
Keywords: capsule endoscopy; colorectal cancer

ENDARTERECTOMIA CAROTIDIANĂ PRIN EVERSIUNE CU PREZERVAREA SINUSULUI: REZULTATELE PRECOCE ȘI TARDIVE

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Introducere: Endarterectomia carotidiană (EAEC) și-a demonstrat avantajul în tratamentul stenozelor hemodinamic semnificative ale arterei carotide interne (ACI). Tehnica prin eversiune este cea mai populară, însă în versiunea sa standard se asociază cu traumatizarea frecventă a sinusului carotidian, cu impact negativ asupra reglării vegetative a tonusului vascular și hemodinamicii.
Scopul: Evaluarea eficacității EAEC prin eversiune cu prezervarea nervilor sinusului carotid, comparând rezultatele precoce și la distanță cu cele ale unui lot de control.
Material și metode: Studiul a inclus 375 pacienți supuși tratamentului chirurgical în Spitalul Clinic Regional Celiabinsk în perioada anilor 2012-2018. În lotul I (208 bolnavi) EAEC prin eversiune s-a efectuat conform tehnicii standard. În lotul II (167 pacienți) s-a practicat EAEC modificată, cu prezervarea sinusului. Loturile au fost comparabile în funcție de vârstă, gen, statutul neurologic și hipertensiv inițial, utilizarea șuntului temporar, timpul de clampaj al ACI și gradul leziunii arteriale carotidiene contralaterale. Pe lângă înregistrarea parametrilor hemodinamici comuni, a fost evaluată și activitatea vegetativă în baza analizei prospective a variabilității frecvenței cardiace utilizând ritmocardiografia. La etapa de *follow-up*, parametrii hemodinamici au fost evaluați la 103 pacienți: cu păstrarea nervilor sinusului carotidian (39) și după secționarea acestora (64).
Rezultate: În prima zi atât presiunea sistolică, diastolică, cât și presiunea pulsului, precum și frecvența cardiacă au fost mai reduse la bolnavii după EAEC cu prezervarea sinusului în comparație cu lotul de control. În plus, diminuarea influenței simpatice asupra ritmului conform ritmocardiografiei a fost notabilă. La pacienții operați cu prezervarea nervilor sinusului carotidian elevarea tensiunii arteriale